

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	3/19
FORMALITY REVIEW	35	1021	03-16-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim		Date											
Final	Original												
	04												
	01												
	02												
	03												
	04												
	05												
	06												
	07												
	08												
	09												
	10												
	11												
	12												
	13												
	14												
	15												
	16												
	17												
	18												
	19												
	20												
	21												
	22												
	23												
	24												
	25												
	26												
	27												
	28												
	29												
	30												
	31												
	32												
	33												
	34												
	35												
	36												
	37												
	38												
	39												
	40												
	41												
	42												
	43												
	44												
	45												
	46												
	47												
	48												
	49												
	50												

Claim		Date											
Final	Original												
	51												
	52												
	53												
	54												
	55												
	56												
	57												
	58												
	59												
	60												
	61												
	62												
	63												
	64												
	65												
	66												
	67												
	68												
	69												
	70												
	71												
	72												
	73												
	74												
	75												
	76												
	77												
	78												
	79												
	80												
	81												
	82												
	83												
	84												
	85												
	86												
	87												
	88												
	89												
	90												
	91												
	92												
	93												
	94												
	95												
	96												
	97												
	98												
	99												
	100												

Claim		Date											
Final	Original												
	101												
	102												
	103												
	104												
	105												
	106												
	107												
	108												
	109												
	110												
	111												
	112												
	113												
	114												
	115												
	116												
	117												
	118												
	119												
	120												
	121												
	122												
	123												
	124												
	125												
	126												
	127												
	128												
	129												
	130												
	131												
	132												
	133												
	134												
	135												
	136												
	137												
	138												
	139												
	140												
	141												
	142												
	143												
	144												
	145												
	146												
	147												
	148												
	149												
	150												

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)